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**POY Youth Coordinator
One North Capitol, Suite 1000
Indianapolis, IN 47204**



Developing Advocates For Safe Communities

Application

www.in.gov/cji/poy

Indiana Point of Youth Vision

Provides a unique perspective to the Governor, Indiana General Assembly, and other decision makers on concerns relating to alcohol, tobacco, and other drug use, impaired driving, public safety, and traffic safety.

Develops and promotes a plan of action in the local community and state that addresses these concerns.

Interacts with other youth and civic groups from around the state with similar concerns.

Who Should Apply to Indiana Point of Youth?

Indiana Point of Youth will consist of 36-42 youth from all regions of the state.

Applicants must be at least 14 and no older than 18 years old (or between eighth and eleventh grade at the time of application).

Applicants must have a strong interest in, and commitment to, dealing with the issues of alcohol, tobacco, and other drug use, impaired driving, public safety, and traffic safety.

Applicants must be willing to implement Indiana Point of Youth goals in their own communities, working together to make a difference!

Applicants must be team oriented and enjoy working in groups.

Applicants must be able to attend meetings and must provide their own transportation to these meetings, and any additional events (i.e., the Youth Summit and Youth Legislative Breakfast).

What is CJI?

The Indiana Criminal Justice Institute (CJI) is guided by a Board of Trustees representing all components of Indiana’s criminal and juvenile justice systems. CJI serves as the state’s planning agency for criminal justice, juvenile justice, traffic safety, substance abuse, and victim services. CJI is charged to help Indiana build safer communities.

Point of Youth is one avenue CJI provides to develop the voice of Indiana youth to build safer communities.

Detach and mail

the completed application by **March 17, 2004**, to:

CJI
One North Capitol, Suite 1000
Indianapolis, IN 46204

Any questions? Contact POY Youth Coordinator at 317.232.1295 or POY@cji.state.in.us

Indiana Point of Youth Application

We encourage photocopying this application for distribution.

1

General Information *(Please print or type)*

First Name	Last Name	Gender	M	F
Age	Birthdate	Grade Level (for next school year)		
Home Address				
City	, IN	Zip Code	County	
Home Phone () -	Work Phone () -			
School Attending				
School Phone () -	e-mail	Shirt size (circle one) M L XL 2XL		

2

Short Answer *Answer all on an attached sheet.*

- A. Why would you like to be a member of the Indiana Point of Youth? What could you contribute to the group?
- B. List all alcohol, tobacco, and other drug prevention activities, traffic safety initiatives and related clubs in which you’ve been involved in your school or community.
- C. List any other activities (i.e., conferences, school, church, sports, jobs, hobbies, etc.) in which you’ve been involved.

3

Essay *(250 word max.) Select one to answer on an attached sheet.*

- A. Write about one personal experience dealing with alcohol, tobacco, other drugs, or traffic safety.
- B. What do you see as the role of young people in the fight against substance abuse or traffic safety activities?
- C. In your particular community or school, what do you see as the major problems concerning alcohol, tobacco, drugs, or traffic safety? Why?

4

Adult Reference

Attach a brief letter of recommendation from an adult not related to you stating I) How they have known you and for how long, II) What qualities/skills you possess that would make you a good candidate for Point of Youth and, III) A brief example of you overcoming an obstacle, facing a challenge, or showing leadership abilities.

Name	Relationship	Phone () -
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5

Applicant Signature

I authorize my child to participate in the application and interview process for Point of Youth, and if selected, to attend all related events.

Applicant signature	Date
Parent or guardian signature (if under 18).	Date